## **Advanced Health Care Directive Worksheet**

Yongsan Client Legal Services Office

738-6841/8111

## PRIVACY ACT STATEMENT

AUTHORITY: United States Code, Title 10, Section 8072. PRINCIPAL PURPOSE: To assist a judge advocate in the preparation of a client's will. ROUTINE USES: To provide a judge advocate with sufficient information to draft a client's advanced health care directive. The Office of the Staff Judge Advocate maintains no file copy. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION: Disclosure is voluntary, but nondisclosure prohibits preparation of a will.

Welcome to the Yongsan Client Legal Services Office. This worksheet will answer common questions concerning advanced health care directives, prepare you to discuss your needs and desires with an attorney, and provide a convenient form on which to record important information. After completing this worksheet, return it to the Legal Services Office and schedule an appointment to speak with an attorney and have your advanced medical directive and/or health care power of attorney prepared and signed. If you do not understand any part of this worksheet, leave that question blank and discuss it with your attorney.

***CLIENT'S INFORMATION***				
FULL NAME:	SSN:			
PERMANENT RESIDENCE				
FULL NAME OF SPOUSE:				
CURRENT MAILING ADDRESS:				
CITY  ARE VOLLATIC CITIZENS VEC. NO. IS VOLE	STATE ZIP			
ARE YOU A U.S. CITIZEN? YES: NO: IS YOUF FULL NAMES OF CHILDREN	AGE CHILD STEPCHILD			
STATUS: ACTIVE DUTY MILITARY, RANK: RETIRED MILITARY, RANK: DEPENDENT of AD MILITARY OTHER, please specify:	SPOUSE of RETIREE DEPENDENT OF RETIREE			
ADVANCE MEDICAL DIRECTIVE/"LIVING WILL": An a from your will, but may be an important part of your estate pla incurable medical condition and your life is only being prolong if you cannot communicate your desires, the living will "speak your desires about medical life support. The conditions that tr care to be withdrawn vary under State law. Once executed, the may do at any time by physically destroying it or, in an emerge in fact revoke it.	an. It states that in the event you have a terminal, ged by means of artificially provided life support, and is for you" so your doctors know and can act upon igger your living will and the extent of the medical e document is effective until you revoke it, which you			
Do you want a Living Will? Yes No				

SPECIAL POWER OF ATTORNEY FOR HEALTH CARE: Another important document is a special power of attorney for health care. You may execute this in addition to or instead of a living will. It appoints someone you name to make medical decisions for you if you cannot make your own medical decisions. It applies to more situations than the living will, which addresses only continued life support if you have a terminal condition. The power of attorney for medical care gives the person you name as your agent the authority to make a wide range of decisions on your behalf. It also gives your agent access to your medical information and authority to fully participate with you treating physicians in deciding the care you receive. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions. Like your living will, the power of attorney is usually drafted in accordance with the laws of the state where you reside.

Do you want a Health Care Power of Attorney?	Yes	No		
Do you want your spouse to act as your agent?	Yes	No		
If you do not want your spouse to be your	agent, who do	you want to be yo Relationship	our health care agent?	
Address and contact phone number(s) of your health	care agent?			
Street	City		State Zip	
Phone numbers				
***ORG	AN DONOR			
Will your agent have the power to donate organs for	transplant?	Yes	No	
If yes, do you also give your agent the authorscientific purposes? Yes		ssue and organs fo	or medical educational or	
If yes, do you want to specifically exclude a	ny specific tissue	e or organs that ca	an be donated?	
Yes, please list:				
No				
Do you want your living will to express a desire to di	ie at home rather	r than in the hosp	pital?Yes	